VILLAGE OF COCHRANE 102 E 5th St; PO Box 222 Cochrane, WI 54622

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

I LIGONAL INI OKWATION			
Name (Last, First, Middle)		Telephone Number	
Address City/State/Zip		E-mail Address	
re you legally authorized to work in the United States?		□ Yes □ No	
Are you Applying For: □ F/T □ P/T □ Temp □ PERM	Are you able to work night when required for the job?	Are you able to work nights and weekends when required for the job? ☐ Yes ☐ No	
EMPLOYMENT HISTORY - Begin with Most	Recent Employment		
Dates From To	Company Name	City, State	
Titles and Duties	1		
Reason for Leaving:		Contact Name/Number	
Dates From To	Company Name	City, State	
Dates From To	Company Name	Oity, State	
Titles and Duties			
Reason for Leaving:		Contact Name/Number	
Dates From To	Company Name	City, State	
Titles and Duties	L		
Reason for Leaving:		Contact Name/Number	
Dates From To	Company Name	City, State	
Titles and Duties			
Reason for Leaving:		Contact Name/Number	

EDUCATION/TRAINING - Include Technical/Academic Achievements/Courses

	Diploma/Degree	Year achieved
High School		
College/University		
Business/Technical		
Other		
	·	·
Military Service ☐ Yes ☐ No Branch		
PROFESSIONAL & TECHNICAL INFORMATION		
Certification/License	Expiration Date	Number/Grade
Water Operator's License		
Waste Water Operator's License		
Other		
Other		
CDL		
OTHER SPECIAL SKILLS - List other specific s	skill you have to offer for the Job	
REFERENCES - Professional and Personal		
Name	Address	Phone